

INITIAL COMPLIANCE AGENT TRAINING & CERTIFICATION Form Code: PSS_CA Fee Code: 130 Application Fee - \$100.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online: www.dcjs.org/privatesecurity/watson.cfm Application Fees are Non-Refundable	COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services Private Security Services Section P.O. Box 10110 Richmond, VA 23240-9998 Phone #: (804) 786-4700; Fax #: (804) 786-6344 Website: www.dcjs.org/privatesecurity Status Hotline: (804) 786-1132 or 1-877-9STATUS
--	---

1. Applicant Name: _____
Last Name
First Name
MI

2. Social Security #: _____ Date of Birth _____
mm/dd/yy

3. Mailing Address: _____
Number and Street
City/Town
State
Zip

4. Telephone: Residence _____ Business _____ Fax _____

5. May the Department provide information via an e-mail address? ☐ Yes ☐ No

6. E-Mail Address: _____

7. Are you currently employed by a Private Security Business? ☐ Yes ☐ No

If yes, Business Name: _____ DCJS ID# 11- _____

NOTE: You may be designated as a compliance agent for only one licensed Private Security Business at a time.

8. Have you submitted fingerprints to this Department for a National and State Criminal History Check within the past 12 months?

☐ Yes

☐ No If No, please complete and submit a Fingerprint application form PSS_FP, a fingerprint card and \$50.00 processing fee for a national and state criminal history check or this application cannot be processed.

9. Have you committed any act or omission which resulted in a license, certification or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

10. Do you have experience in a private security services business, a federal, state or local law enforcement agency or in a related field? To be eligible the experience listed above must be either for three years managerial/supervisory experience or five years general experience.

☐ No If No, this application cannot be processed.

☐ Yes If Yes, please attach third party documentation verifying the type and dates of experience. Resumes are not acceptable. This application cannot be processed without the requested documentation.

11. Training Date/Location Requested: Applicants will be enrolled in the training of their choice if available, or the first available session, for which you will receive a confirmation. Training dates and locations may be viewed on the website www.dcjs.org/privatesecurity.

Date: _____ Location: _____
mm/dd/yy

12. Do you require disability accommodations? ☐ No ☐ Yes (please specify)

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6VAC 20-171.

Applicant's Signature _____ Date: _____
mm/dd/yy